

**NOTICE OF DEFENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 3-875)**

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 7 | | | | | |
| TOTAL DEP. | 43 | | | | | |
| TOTAL CLAIMS | 50 | | | | | |

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| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 1 | | | | | |